

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 831627 RECEIPT DATE: 05 / 11 / 01
IA NUMBER: PCT/ US99 / 24017 IA FILING DATE: 11 / 12 / 99
FAMILY NAME: BUKOVSKY DELAY WAIVED (Y/N): N
GIVEN NAME: ANATOLY DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 13 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 41613 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2026599076
FAX

NAME: ROYLANCE ABRAMS BERDO & GOODMAN

STREET: 1300 19TH STREET N # SUITE 600

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 20036

EMAIL:

APPLICATION TITLES:

SENSITIVE SCREENING SYSTEM FOR ENVELOPE DEFECTIVE RECOMBINANT VIRUS

TAB TO LAST POSITION, PUSH SEND